

Name: \_\_\_\_\_

[ ] Initial Plan (Date): \_\_\_\_\_

For Pilot Project Use Only

[ ] Updated Plan (Date): \_\_\_\_\_

## **CAREER PLAN**

### **SECTION I – CONSUMER PROFILE**

**(Section 1 to be completed by Provider)**

#### **1. Legal Status**

- a. U.S. citizenship or permanent residency is verified and documentation is on file.

☐ Yes  
☐ No

Documentation is required for employment.

- b. Have you ever been convicted of a misdemeanor (other than a parking violation) or felony?

☐ Yes  
☐ No

If yes, explain:

Have you ever failed a drug test?

☐ Yes  
☐ No

If yes, explain:

#### **2. Social Security**

- a. Do you receive Social Security benefits?

☐ Yes  
☐ No

If yes, indicate which benefit(s).

☐ Supplemental Security Income (SSI)  
☐ Social Security Disability Insurance (SSDI)  
☐ Other

- b. Have you ever met with a Benefits Counselor?

☐ Yes  
☐ No

- c. Do you currently have a work incentive plan?

☐ Yes  
☐ No

If yes, indicate which plan.

☐ Plan for Achieving Self Support (PASS)  
☐ Impairment Related Work Expense (IRWE)  
☐ Other:

- d. Do you currently have a rent subsidy in place?

☐ Yes  
☐ No

- e. Contact information for person who is responsible for reporting earnings to Social Security:

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**3. Other Potential Funding/Resources for Employment**

Provide comments and resource person contact information for applicable sources of funding:

Source	Comments/Resource Person and Contact Information	Date
a. Bureau of Rehabilitation Services (BRS)		
b. Bureau of Education Services for the Blind (BESB)		
c. Workforce Investment Act (WIA)		
d. Personal or family funds		
e. Individual Development Accounts		
f. SCORE – Retired business executives		
g. Colleges		

**4. Transportation**

Check the most appropriate box and provide details whenever possible.

a. Getting to work	<input type="checkbox"/> Provides own transportation (bike, car, walks, etc.)	<input type="checkbox"/> Uses public transportation	<input type="checkbox"/> Uses ADA Van	<input type="checkbox"/> Family or friend will provide transportation
--------------------	---	---	---------------------------------------	---

Comments: \_\_\_\_\_

**5. Education, Training, and Academic Skills**

a. Year of graduation, name of high school, and location:
b. List any training courses outside of high school (CPR, computer training, driving school, etc.) Include name of school where training occurred and date of training:
c. Reading Skills <input type="checkbox"/> Cannot read. <input type="checkbox"/> Can sight read some words. <input type="checkbox"/> Can read material that is written on a fifth grade level (example- newspapers). <input type="checkbox"/> Can read and comprehend most information provided.
d. Math Skills <input type="checkbox"/> Does not understand most math concepts. <input type="checkbox"/> Can do some simple addition and subtraction. <input type="checkbox"/> Can do addition, subtraction, multiplication and division for everyday use. <input type="checkbox"/> Skilled in math.
e. Money Management <input type="checkbox"/> Unable to manage any money without assistance from others. <input type="checkbox"/> Can manage money for simple transactions.

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<input type="checkbox"/> Needs assistance paying bills and managing finances. <input type="checkbox"/> Can handle all of my money matters independently.
f. Time <input type="checkbox"/> Cannot tell time. <input type="checkbox"/> Can tell time, but need assistance in managing time. <input type="checkbox"/> Good at telling what time it is and in managing time.

## 6. Work/Life Experience

a. List formal chores at home (expected responsibilities such doing dishes, making bed, etc.):
b. Informal work performed at home (things expected to do):
c. Informal jobs performed for others (taking care of neighbor's pet, etc.):
d. Sheltered employment or structured work experiences (Non-competitive, e.g. GSE):
e. Volunteer work:

## 7. Paid Competitive Employment History (List most recent employer first.)

Name/ of Company or Agency	Address, City, State, Zip	Dates of Employment	Job Title	Reason for Leaving	Obtained Reference Letter

## 8. References for Competitive Employment

Name of Reference	Address, City, State, Zip, Phone, and Email Address	Relationship to Individual	Date person was confirmed as a reference

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## SECTION II – VOCATIONAL PROFILE

(Section 2 to be completed by Provider)

### 1. Vocational Preferences:

Check the most appropriate box(es) and provide details whenever possible.

a. Work availability	<input type="checkbox"/> Will work weekends	<input type="checkbox"/> Will work evenings	<input type="checkbox"/> Will work part-time	<input type="checkbox"/> Will work full-time
----------------------	---	---	--	--

List preferred work hours:

Comments:

b. What is your dream job? Why?

c. Type of work you want to do: Why?

d. Type of work that your IP team wishes could be obtained: Why?

e. Type of work your parent/guardian wishes could be obtained: Why?

f. Observations or comments shared by others of the type of work/activities you most enjoy doing:

### 2. Skills, Gifts, and Strengths

a. List any skills, gifts, and strengths that you will contribute to a work environment. (This may include things such a wonderful sense of humor, positive attitude, attention to detail, etc.)

b. List any awards or recognition that relate to work, or that highlights a particular skill.

Comments:

### 3. Vocational Skills

a. Computer skills - Check all that apply:

- ☐ Word
- ☐ Internet navigation
- ☐ Ability to type
- ☐ Words per minute:
- ☐ Excel
- ☐ Computer games
- ☐ Other – list:
- ☐ PowerPoint
- ☐ Can use standard keyboard

g. List types of skills that have been used during paid work experiences (office, landscaping, janitorial, manufacturing, etc.):

c. List any certifications or licenses: (Provide name where the certification was obtained and date when obtained).

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**4. Work Environment Preferences**

Check the most appropriate box(es) and provide details whenever possible.

Environments to be avoided:

Environmental conditions you like the best:

Level of interaction preferred	<input type="checkbox"/> Prefers to work alone	<input type="checkbox"/> Prefers to work with others	<input type="checkbox"/> Prefers some time to be alone and some time to be with others	Comments
Sound level preferred or tolerated	<input type="checkbox"/> Requires a quiet environment	<input type="checkbox"/> Tolerates noise (cars, traffic, machines)	<input type="checkbox"/> People talking or music is tolerated and enjoyed	Comments
Lighting	<input type="checkbox"/> Bright Light	<input type="checkbox"/> Low light	<input type="checkbox"/> Light does not matter	Comments
Space	<input type="checkbox"/> Prefer indoors	<input type="checkbox"/> Prefer outdoors	<input type="checkbox"/> Prefers a mix of indoor/out door	Comments:

Social interaction preferences (i.e. prefer to work with older individuals, etc.)

**5. Physical Skills and Related Information**

Check the most appropriate box (es) and provide details whenever possible.

a. Strength, lifting, carrying	<input type="checkbox"/> Less than 10 pounds	<input type="checkbox"/> 10-20 pounds	<input type="checkbox"/> 30-40 pounds	<input type="checkbox"/> 50 pounds
Comments:				
b. Endurance	<input type="checkbox"/> Works less than 2 hours	<input type="checkbox"/> Works 2-3 hours	<input type="checkbox"/> Works 3-4 hours	<input type="checkbox"/> Works more than 4 hours
Comments:				
c. Orienting	<input type="checkbox"/> Small area only	<input type="checkbox"/> One room	<input type="checkbox"/> Several rooms	<input type="checkbox"/> Building & grounds
Comments:				
d. Physical mobility	<input type="checkbox"/> Sit/stand in one area	<input type="checkbox"/> Fair ambulation	<input type="checkbox"/> Handles stairs	<input type="checkbox"/> Full physical ability
Comments:				
e. Appearance	<input type="checkbox"/> Unkempt/poor hygiene	<input type="checkbox"/> Unkempt/clean	<input type="checkbox"/> Neat/clean unmatched clothing	<input type="checkbox"/> Neat/clean matched clothing

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Comments:				
f. Attendance	<input type="checkbox"/> Rarely works a full schedule	<input type="checkbox"/> Absent often	<input type="checkbox"/> Only calls in for legitimate reasons	<input type="checkbox"/> Rarely absent
Comments:				

## 6. Work Skills and Behaviors

Check the most appropriate box and provide details whenever possible.

a. Independent work rate	<input type="checkbox"/> Slow pace	<input type="checkbox"/> Steady/average pace	<input type="checkbox"/> Above average pace	<input type="checkbox"/> Continual fast pace
Comments:				
b. Attention to task and perseverance	<input type="checkbox"/> Frequent prompts required	<input type="checkbox"/> Intermittent prompts, high supervision	<input type="checkbox"/> Intermittent prompts, low supervision	<input type="checkbox"/> Infrequent prompts, low supervision
Comments:				
c. Independent sequencing of job duties	<input type="checkbox"/> Cannot perform tasks in sequence	<input type="checkbox"/> Performs 2-5 tasks in sequence	<input type="checkbox"/> Performs 7 or more tasks in sequence	<input type="checkbox"/> Performs tasks in sequence w/ adaptations
Comments:				
d. Initiative/motivation	<input type="checkbox"/> Avoids next task	<input type="checkbox"/> Waits for direction or prompting	<input type="checkbox"/> Sometimes volunteers	<input type="checkbox"/> Always seeks work
Comments:				
e. Adapting to change	<input type="checkbox"/> Rigid routine required	<input type="checkbox"/> Adapts but with difficulty	<input type="checkbox"/> Adapts with some difficulty	<input type="checkbox"/> Adapts to change easily
Comments:				
f. Reinforcement needs (Amount typically required to learn and participate)	<input type="checkbox"/> Frequent reinforcement required	<input type="checkbox"/> Intermittent (daily) sufficient	<input type="checkbox"/> Infrequent (weekly) sufficient	<input type="checkbox"/> Pay check sufficient
Comments:				
g. Discrimination skills	<input type="checkbox"/> Cannot distinguish between work supplies	<input type="checkbox"/> Distinguishes between work supplies with external cues	<input type="checkbox"/> Can distinguish between work supplies	<input type="checkbox"/> Independently gathers supplies and sets up work station or area
Comments:				
h. Takes directions from people in authority.	<input type="checkbox"/> Refuses to take direction	<input type="checkbox"/> Takes direction with prompting	<input type="checkbox"/> Takes direction most of the time	<input type="checkbox"/> Very willing to take direction
Comments:				

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i. Do you have a positive behavior support plan in place that is applicable to work?

☐ Yes

☐ No

Author of plan: \_\_\_\_\_

Date of plan: \_\_\_\_\_

## 7. Communication Skills

Check the most appropriate box and provide details whenever possible.

Primary Mode of Communication:

b. Receptive Communication Preference

☐ Kinesthetic, learns best via hands on practice

☐ Visual, follows visual organizers, pictures

☐ Visual, follows written directions or checklists

☐ Good listener, follows verbal directions

Comments:

c. Expressive Communication

☐ Prefers to listen

☐ Prefers to talk

☐ Prefers to move around

☐ Prefers to touch things

Comments:

d. Handling feedback

☐ Resistive, argumentative

☐ Withdraws into silence

☐ Accepts feedback does not change behavior

☐ Accepts feedback changes behavior

Comments:

e. Interactions with others

☐ Is withdrawn, makes no eye contact

☐ Makes some eye contact and will speak when asked a question

☐ Will have brief conversations and appears to enjoy people

☐ Friendly, enjoys talking with people, initiates conversations

Comments:

## 8. Accommodations

a. Accessibility assistance, rehabilitation technology, personal care requirements:

b. Habits, idiosyncrasies, safety concerns, or routines that will need to be accommodated:

c. Physical/health restrictions or accommodations (i.e. cannot be in direct sunlight, needs time to take medication, etc.):

d. Behavior challenges:

e. Degree and type of ADA negotiation required:

f. Other information and comments:

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## 9. Transportation/Safety Awareness

Check all that applies:

- ☐ Uses a provider's van or vehicle
- ☐ Gets a ride from staff in a staff person's car
- ☐ Uses public transportation such as city bus
- ☐ Uses a para-transit, dial a ride, or handicapped van
- ☐ Uses taxi service
- ☐ Drives self
- ☐ School bus
- ☐ other

Requires a van with a lift?

- ☐ Yes
- ☐ No

Requires vehicle modifications to travel safely? (grab bars, extenders, wheelchair tie-downs, etc.)

- ☐ Yes
- ☐ No

Support needed to arrange or schedule transportation

☐ Able to arrange for transportation independently

☐ Able to arrange for transportation with prompting, monitoring or instruction.

☐ Able to arrange for transportation with learning aids- pictures, scripts, etc.

☐ Cannot arrange for transportation at all.

Travel Skills

☐ Requires bus training

☐ Uses bus independently

☐ Uses bus, can make transfer

☐ Makes own travel arrangements

Interactions with strangers

☐ Initiates conversations with strangers

☐ Speaks to strangers when approached

☐ Speaks to strangers occasionally

☐ Does not speak to strangers

Comments:

## 10. Community Advantages/Disadvantages

Describe the positive and negative aspects of your local community

a. Describe your neighborhood (Single family homes, apartments, parks, etc.):

Positive Aspects:

Negative Aspects:

b. Location of neighborhood in community (urban, suburban, rural):

Positive Aspects:

Negative Aspects:

c. Services/shopping near home:

Positive Aspects:

Negative Aspects:

d. Transportation availability (Bus routes, etc.):



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Positive Aspects:
Negative Aspects:
<b>11. Contributions to getting a job.</b> Check all activities that have been completed.
<input type="checkbox"/> Resume <input type="checkbox"/> Interview Training <input type="checkbox"/> Video <input type="checkbox"/> Portfolio <input type="checkbox"/> Dress for success <input type="checkbox"/> other

<b>12. Job Development/Prospecting List</b>
List types of job categories, duties, or job titles that are consistent with the Ideal Employment Situation (wants and needs):
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

<b>13. Possible employment locations near home</b>
List the possible jobs that are located near the home.
1.
2.
3.
4.
5.
6.
8.
8.
9.
10.

<b>14. Possible Contacts to Employment</b>				
Name of Company or Agency	Connection /Referral Source	Name of Contact Person Phone Number Email Address	Address, City, State, Zip	Contact Date & Outcome

Name: \_\_\_\_\_

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### SECTION III – ACTION PLAN

(Section 3 to be completed by the Provider and discussed by the Individual Plan Team)

**Employment Goal:**

#### Action Plan “Next Steps”

Based upon all of the information gathered, determine and identify which activities are to be completed 1, 2, 3, or 4. Sections only need to be completed as needed. See directions in guide for examples.

Action steps may include roles and responsibilities for all members of the Individual Plan team (Individual, family and friends, case managers, provider, community members, etc.)

1) ☐ The individual is unsure of his/her career interests and/or does not have a well-defined career goal. Additional career exploration/prioritization activities are needed.

Career Exploration/Prioritization Activities to be Completed. (Be specific.)	By Whom	By When	Comments

2) ☐ The individual knows what s/he wants to attain as a career goal. However additional career assessment information is needed to determine what support is needed to help him/her attain this goal.

Support Assessment Activities to be Completed. (Be specific.)	By Whom	By When	Comments

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- 3) ☐ The individual knows what s/he wants to attain as a career goal and knows what supports s/he needs to succeed at a preferred job. Job development support is needed to assist him/her to attain the desired job and to ensure that appropriate supports are in place.

Job Seeking/Job Placement Activities to be Completed. (Be specific.)	By Whom	By When	Comments

- 4) ☐ The individual is employed and s/he has received orientation and training and is requesting follow along and/or career enhancement support. Identify how the person will advance on the job, get increased wages or benefits, or otherwise enhance employment outcomes. Also, identify how the use of natural supports will be increased and how paid supports will be faded over time.

Follow-Along or Career Enhancement to be Completed. (Be specific.)	By Whom	By When	Comments

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Listed below are the skills and activities needed to find, get and keep a job. All items checked should have a corresponding action plan “next step” recommendation. **PLEASE USE THE CHECKLIST BELOW TO REVIEW WHETHER ANY OTHER ACTIVITIES NEED TO BE ADDRESSED TO ASSIST THE PERSON TO ADVANCE HIS OR HER CAREER.**

<b>Employment Skills and Activities</b>	<b>Check if Support Needed</b>
<b>Advocacy Skills</b> (speaking up for oneself, searching/finding resources, managing conflict/disagreement)	
<b>Job Seeking Skills</b> (using personal contacts to network, completion of cover letter/resume/application, calling employers about job openings, interviews, references, using employment resources such as One-Stop Centers, Job Fairs, DOL, Human Resource Departments, etc.)	
<b>General Work Skills</b> (work rate, job sequencing, perseverance, attention to task, initiative, motivation, adapting to change, reinforcement needs)	
<b>Health &amp; Mobility</b> (medications, therapies, physical limitations, orientation, accessibility)	
<b>Endurance and Physical Capabilities</b> (lifting, endurance, range of motion, hand usage, sensory skills)	
<b>Social Skills</b> (safety concerns, communication, social interactions, stress management, handling of feedback/criticism, habits, routines, idiosyncrasies, behavioral challenges)	
<b>Personal Care</b> (appearance, self care)	
<b>Transportation</b> (natural supports, accessible vehicle, ADA, city bus)	
<b>General Community Skills</b> (time management, organizational skills, reading writing, math, money management specialized skills required for job)	
<b>Assistive Technology/Job Customization</b> (accommodations, job re-design, technology supports)	

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<b>Natural Supports</b> (use of family, friend, co-worker, community resource, supervisor, union, HR to provide natural supports)	
<b>Assets Management/Financial Planning</b> (benefits planning/use of work incentives)	
<b>Other</b> (Current regularly scheduled activities or appointments that may impact work, support needed in non-work hours)	

### Signature Sheet

Name	Signature	Relationship to the Person	Date

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**Appendix A**

<b>CAREER TOOLS INDEX</b>  <b>GUIDELINES</b>  Counselor should use their own discretion regarding individual and their disability.	High School	College	1 <sup>st</sup> time worker	Mature/experienced worker	Career Transition	Spanish
<input type="checkbox"/> Vocational (paper, pencil, mail-in)	X		X			X
<input type="checkbox"/> Enhanced (paper, pencil, mail-in)	X					
<input type="checkbox"/> CDMI (Harrington O'Shea)	X					
<input type="checkbox"/> High School/College		X	X	X	X	X
<input type="checkbox"/> COPSsystem – Career Measurement Package (mail-in and self scoring versions available)						
<input type="checkbox"/> CAPS – Career Ability Placement Survey	X		X		X	X
<input type="checkbox"/> COPS – Career Occupational Preference System ▪ Interest Inventory	X		X		X	X
<input type="checkbox"/> COPES – Career Orientation Placement & Evaluation ▪ Survey (timed)	X		X		X	
<input type="checkbox"/> COPS PIC (non-verbal)	X		X			
<input type="checkbox"/> SPOC						X
<input type="checkbox"/> Deal Me In Cards	X	X	X	X	X	
<input type="checkbox"/> Envision your Career (visual/non verbal, limited English, hearing impaired)	X				X	
<input type="checkbox"/> GATB				X	X	
<input type="checkbox"/> Leadership Architect Cards				X	X	
<input type="checkbox"/> Learning Zone				X	X	
<input type="checkbox"/> Mavis Beacon (on-line)	X	X	X	X	X	
<input type="checkbox"/> MBTI (self scoring, mail in and on-line available)		X		X	X	

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<input type="checkbox"/> Reading Free (self scoring)	x		x			
<input type="checkbox"/> Self Directed Search (SDS)	x		x			x
<input type="checkbox"/> TSA (on line)				x	x	
<input type="checkbox"/> Strong High School Version (Mail in or on-line version)	x					
<input type="checkbox"/> Strong/MBTI Combined (on-line only)		x		x		x
<input type="checkbox"/> Strong (Mail in or on-line version)		x	x	x	x	



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## Appendix B

# Local Benefits Specialists

## CENTRAL OFFICE

Amy Porter, Project Director 860-424-4864

Joyce Armstrong, Project Coordinator, Senior Benefits Consultant, 860-424-4849

Nora Bishop, Ticket Coordinator 860-424-5047

## TOLL FREE NUMBER

Connect to Work Center Central Office number 1-800-773-4636

## Community Work Incentive Coordinators (CWICs)

Each Community Work Incentive Coordinator is assigned to specific BRS district and local offices as follows:

- **Maggie Boyce - 860-612-3571**

Primary BRS office New Britain. Also covers consumers served by the following BRS office(s): Meriden. Covers Spanish speaking consumers served by BRS offices in: Bridgeport, Middletown, Stamford including Norwalk, New Haven, including Ansonia, and New Britain, Waterbury.

- **Rosalia Cruz - 860-723-1412**

Primary BRS office Hartford. Also covers consumers served by the following BRS offices: East Hartford, Manchester, Willimantic and Enfield. Covers Spanish-speaking consumers served by the BRS offices in: Hartford, East Hartford, Enfield, Manchester, Norwich/Willimantic, Dayville, Waterbury and Torrington.

- **Clare LaCourse - 860-439-7674 New London; 860-859-5735 Norwich**

Primary BRS office New London. Also covers consumers served by the following BRS offices: Norwich and Dayville.

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- **Robert Adriani - 203-551-5520**

Primary BRS office Bridgeport. Also covers consumers served by the Stamford office, including Norwalk and Danbury.

- **Gerald Heard - 203-974-3027**

Primary BRS office New Haven, including Ansonia and Middletown areas.

- **Lisa O'Connor - 860-723-1443**

Primary BRS office Hartford. Also covers consumers in Bristol, Farmington, New Britain, Torrington and Waterbury suburbs.

Connect to Work Center 800-773-4636; TTY 860-424-4839

April 2008